

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H50185 (8)

1. Corporation Name

ORANGE PARK PHYSICAL THERAPY CLINIC, INC.

Principal Place of Business

1414 KINGSLEY AVENUE, SUITE B
ORANGE PARK FL 32073

Mailing Address

ONE SEAGATE
ATTN: TAX-21
TOLEDO OH 43604-1556
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1985		3a. Date of Last Report 05/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2504386		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT, CORPORATION S 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPCE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMOND, PAUL A	1.2 NAME	SEE ATTACHED.
STREET ADDRESS	ONE SEAGATE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	1.4 CITY - ST - ZIP	
TITLE	SEVP	2.1 TITLE	
NAME	WEIKEL, GEOFFREY G	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE SEAGATE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	2.4 CITY - ST - ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, RICHARD C	3.2 NAME	
STREET ADDRESS	ONE SEAGATE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIXLER, JEFFREY R	4.2 NAME	
STREET ADDRESS	ONE SEAGATE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSCHNER, WILLIAM H	5.2 NAME	
STREET ADDRESS	ONE SEAGATE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	5.4 CITY - ST - ZIP	
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARUS, BARRY A	6.2 NAME	
STREET ADDRESS	ONE SEAGATE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  REQUIRED

APR 21 1997

(414) 350-5744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0608273

CR2E034 (9/96)

ORANGE PARK PHYSICAL THERAPY CLINIC, INC.

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Paul G. Sieben	Vice President, Director of Development & Construction
John K. Graham	Assistant Vice President, General Manager of Vision Management Services and Ancillary Businesses
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	Assistant Treasurer

DIRECTORS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers
Richard C. Tuttle

ADDRESS FOR ALL IS:

One SeaGate
Toledo, Ohio 43604-2616
Phone: (419) 252-5600